

Clark County Coroner
1704 Pinto Lane
Las Vegas, NV 89106
(702) 455-3210



AUTOPSY REPORT

Case Number: [REDACTED]

October 3, 2017

AUTOPSY REPORT

PATHOLOGICAL EXAMINATION ON THE BODY OF

[REDACTED]

PATHOLOGIC DIAGNOSES

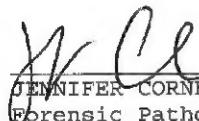
I. Gunshot wound of head.

OPINION

Based on the autopsy findings and the circumstances surrounding the death, as currently understood, the cause of death is **gunshot wound of head**, and the manner of death is **Homicide**.

CAUSE OF DEATH: This [REDACTED]-year-old female, [REDACTED], died of a gunshot wound of the head.

MANNER OF DEATH: HOMICIDE.


JENNIFER CORNEAL, M.D.
Forensic Pathologist

Date signed: 12/20/17

JC/kra/ag

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AUTOPSY REPORT

Case Number: [REDACTED]

October 3, 2017

POSTMORTEM EXAMINATION ON THE BODY OF [REDACTED]

Date of death: 0023 hours on October 2, 2017

Date of autopsy: 0115 hours on October 3, 2017

IDENTIFICATION: The body is identified by a tag on the right great toe bearing the decedent's name and case number. There is a hospital band around the left wrist bearing the decedent's name.

WITNESSES: Assisting is Forensic Autopsy Specialist Suzanne. There are no outside observers.

CLOTHING: The body is unclad when initially viewed. A hospital gown and a separate bag of clothing accompanies the body.

EVIDENCE OF MEDICAL THERAPY:

1. Endotracheal tube.
2. Bandage around the head.
3. Multiple EKG pads.
4. Urinary catheter with approximately 100 ml of urine in the reservoir.
5. Single lumen intravascular catheters in the right and left antecubital fossae.

EXTERNAL EXAMINATION

Injuries are described in a separate section below.

GENERAL: The body is that of a normally developed and well-nourished [REDACTED] female appearing consistent with the listed age of [REDACTED] years. The length is 64 inches, and the weight is 144 pounds as received. The body is well preserved, cold, and has not been embalmed. Rigidity is fully developed in the jaw and extremities. Lividity is pink-purple, nonblanching, and in a posterior distribution.

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HEAD: The scalp is covered with brown hair measuring up to 10 inches. The ears are normally formed and without drainage. The earlobes are pierced. The irides are brown, the corneas are clear, and the bulbar and palpebral conjunctivae free of petechiae. The sclerae are white. The nose is intact, and the nares are clean and unobstructed. The lips are normally formed. The teeth are natural and in good condition.

NECK: The neck is symmetrical and without injury.

CHEST AND ABDOMEN: The chest is normally formed, symmetrical, and without palpable masses. The breasts are symmetrical, and without palpable masses.

The abdomen is flat and soft. No masses are palpable.

EXTERNAL GENITALIA: The atraumatic external genitalia are those of an adult female.

BACK: The back is straight and symmetrical. The anus is atraumatic.

ARMS: The arms are normally formed. No needle punctures, track marks, or ventral wrist scars are noted. The fingernails are cut short and painted white.

LEGS: The legs are normally formed and have no edema, amputations, or deformity. The toenails are short, trim, and painted pink.

BODY MARKINGS (SCARS AND TATTOOS): None identified.

INJURIES, EXTERNAL AND INTERNAL

There is a perforating gunshot wound of the head. The directions are stated with reference to the standard anatomic positions.

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PERFORATING GUNSHOT WOUND OF HEAD:

ENTRANCE: There is an entrance gunshot wound on the right side of the head. It is centered 2-1/2 inches below the top of the head and 6-1/2 inches right of midline. There is a 1/8 inch diameter defect with a 1/16 inch rim of abrasion. There is no soot or stippling on the adjacent skin.

PATH: The projectile enters the right side of the skull, fracturing the skull causing skull fragments to create an exit wound. The projectile enters the posterior right parietal/temporal lobe and the right occipital lobe and lodges in the Sylvian fissure. There is marked subgaleal, scalp, subdural, and subarachnoid hemorrhage. There are numerous skull fractures including fractures of the orbital plates with associated contusions of the inferior frontal lobes. There are periorbital ecchymoses.

EXIT: There is an exit gunshot wound on the right side of the head. It is centered 2-1/2 inches below the top of the head and 7-1/4 inches right of midline. It is a 1 x 3/4 inch lacerated defect without soot or stippling.

DIRECTION: Front-to-back.

INTERNAL EXAMINATION

HEAD: See Injuries External and Internal. The calvarium and base of the skull are normally configured with multiple fractures as described above. The dura is not intact and there is subdural hemorrhage.

CENTRAL NERVOUS SYSTEM: The unfixed brain weighs 1250 grams. The leptomeninges are glistening and transparent with underlying hemorrhage and cortical contusions. The hemispheres are symmetrical with a normal gyral pattern. The arteries at the base of brain have no atherosclerotic changes or aneurysms.

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Sections through the cerebral hemispheres show a hemorrhagic wound track through the posterior portion of the right parietal and temporal lobes and the right occipital lobes. There are hemorrhagic contusions of the inferior frontal lobes. Sectioning through the cerebellum and brainstem reveals subarachnoid hemorrhage.

SPECIMENS RETAINED

TOXICOLOGY: Samples of vitreous humor and urine are retained for toxicology. Toxicological testing performed on urine detected ethanol (93 mg/dL) and 1-hydroxymidazolam (97 ng/mL).

HISTOLOGY: Representative sections of the brain are retained.

PHOTOGRAPHS: Digital identification photographs, overall external body photographs, and photographs of the injuries and projectile are taken.

RADIOGRAPHS: Full body radiographs are taken and show a projectile in the head and multiple skull fractures.